

Exhibit 4

April 16, 2018

Jon Worlton

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1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

3 * * *
4 MARTIN CROWSON,

5 Plaintiff,

6 vs.

7 WASHINGTON COUNTY,
8 et al.,

9 Defendants.

)
)
) Case No. 2:15-cv-00880

) Deposition of:

) JON WORLTON

COPY

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15 April 16, 2018

16 12:40 p.m.

17 WASHINGTON COUNTY TREASURER OFFICE
18 197 East Tabernacle Street
19 St. George, Utah

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Linda Van Tassell
- Registered Diplomat Reporter -
Certified Realtime Reporter

April 16, 2018

Jon Worlton

8

1 Q. What date range did you look at?

2 A. I don't remember. It was June 2014.

3 Q. The medical record, when you pull that
4 up, can you pull it up by inmate's name?

5 A. Yes.

6 Q. And did it have -- for example, this
7 page that we looked at had an entry for March 11,
8 2013 all the way down to November 6, 2014. Is it
9 all of the dates that that inmate was seen as a
10 patient during their time at Purgatory?

11 A. Yes.

12 Q. Do you see any records from other
13 facilities such as the Draper prison or anything
14 like that?

15 A. No.

16 Q. Not Gunnison either?

17 A. No. Unless we -- well, we request
18 records but not usually from the two state prisons.

19 Q. When you request records, where do you
20 records?

21 A. Whenever somebody has been in treatment
22 so if they've been seen, for example, at the
23 volunteer clinic here in town, we would call them
24 and ask for a copy of their records and that would
25 be scanned into a document section of the medical

April 16, 2018

Jon Worlton

9

1 record.

2 Q. Do you see anywhere in Mr. Crowson's
3 file where there had been medical records requested
4 from another facility?

5 A. I did not look at the document section
6 of the file, so I didn't see that. I don't
7 remember.

8 Q. In the printouts that we have like I
9 showed you, would the document requests show up in
10 those tables?

11 A. No, it wouldn't show up in -- not
12 necessarily. Sometimes a nurse will document in
13 their chart notes that they've requested records.
14 Sometimes not. So I don't know that it would
15 necessarily show up in the chart.

16 Q. What's the name of the program that you
17 guys use to keep track of medical treatment?

18 A. CorEMR. Cor for correctional and then
19 EMR for electronic medical record.

20 Q. When you pull up CorEMR, what does the
21 front page of that look like?

22 A. Physically or --

23 Q. Yeah. On the computer screen.

24 A. Well, the initial screen is just a login
25 screen so it's password protected and all those

April 16, 2018

Jon Worlton

12

1 psychological.

2 A. Okay.

3 Q. Do you view them differently or is there
4 a distinction between those two?

5 A. I use them interchangeably.

6 Q. Okay. Then I will also use them
7 interchangeably.

8 A. Okay.

9 Q. How much of your time is spent in
10 clinical practice at the jail?

11 A. Half to three quarters. Depends on the
12 workflow, I guess, and the people and the requests
13 in the jail.

14 Q. It's my understanding, correct me if I'm
15 wrong, that you are not licensed to prescribe
16 medication; is that correct?

17 A. That's correct.

18 Q. You provide counseling services.

19 A. That's correct.

20 Q. And you also provide referrals to
21 medical professionals where you've thought
22 prescription intervention might be appropriate?

23 A. That's correct.

24 Q. Do you deal with alcohol withdrawal
25 patients?

April 16, 2018

Jon Worlton

13

1 A. Yes.

2 Q. Patients who are withdrawing from other
3 types of drugs?

4 A. Yes.

5 Q. What percentage of your clinical time is
6 spent with those type of people?

7 A. Probably a good part, 70 percent,
8 perhaps. At this point in my career I work
9 primarily in booking which is where those folks are
10 so whether it's dealing directly with that or just
11 needing to be aware that those issues may be
12 impacting what I'm seeing is a significant part.

13 Q. And you work in booking. That means
14 you're one of the first people that people may see
15 when they come into the jail, right?

16 A. The nurses would see them earlier than I
17 do.

18 Q. Okay.

19 A. Just because there's one of me and
20 several nurses and more shifts. But, yeah, in terms
21 of interacting with them for mental health problems
22 and concerns, I would be one of the first.

23 Q. What is the booking process when an
24 inmate comes to jail?

25 A. Do you want the corrections piece of

April 16, 2018

Jon Worlton

24

1 A. How do I determine that?

2 Q. Yeah.

3 A. Well, that's a really broad question.

4 Can you be more specific?

5 Q. Sure.

6 A. There's lots of reasons an inmate may
7 have cognitive deficits or cognitive decline so I --

8 Q. And what I want to get at is where is
9 the line? At what point do you say that's a person
10 that needs to be hospitalized? Let me back up. We
11 can ask it in smaller chunks, how's that?

12 A. Okay. That's fine.

13 Q. I don't want to be unfair to you. Is
14 there a policy or procedure in place at the jail
15 whereby a person with decreased mentation or change
16 in mental status should be referred to you for
17 evaluation?

18 A. There's a practice. I would need to
19 look at the policy to see how that reads but there's
20 certainly a practice and there's certainly a way
21 that we train both corrections staff as well as
22 nursing staff that if they're concerned or they have
23 worries they can refer them to a mental health
24 person.

25 Q. Okay. What is the practice? What did

April 16, 2018

Jon Worlton

26

1 A. Right.

2 Q. And I understand that Dr. Larrowe has
3 some supervision over that as well.

4 A. Correct.

5 Q. Seriously, I'm only asking for what
6 you're aware of or what you know.

7 A. Right.

8 Q. In June of 2014 were you ever called or
9 asked to evaluate, Martin Crowson?

10 A. I seem to remember by going over the
11 notes that Mike Johnson had put something in his
12 chart note that he referred him to me and I remember
13 there being a concern about him but that's about all
14 I know.

15 Q. Do you remember any specifics?

16 A. I don't.

17 Q. Is there any note that you actually saw
18 him?

19 A. There is not.

20 Q. When that referral comes in, what does
21 that look like? He puts it in his note.

22 A. Uh-huh.

23 Q. Is there a way that you become notified
24 that he made that referral?

25 A. Often that's done verbally. What we try

April 16, 2018

Jon Worlton

27

1 to do is to also get that in a task. In the medical
2 record there's also a place where you can enter
3 tasks. That's one of the ways that we communicate
4 with one another. So it could have been done either
5 way.

6 Q. Okay. Did you review the tasks related
7 to Martin Crowson's case?

8 A. I did.

9 Q. Did you see any tasks in there related
10 to referral?

11 A. I did not.

12 Q. Would that have been Michael Johnson's
13 responsibility to put that in the task?

14 A. Yes. Based on that note that I
15 reviewed.

16 Q. If it's not put in the task would you
17 ever receive notice in another way that that had
18 been put into the note?

19 A. Verbally. If it wasn't communicated
20 verbally or if it wasn't included in the task, I
21 wouldn't have necessarily known. I will take that
22 back. I try to review who is in booking and I may
23 have come across the information that way.

24 Q. Do you have a specific memory as you sit
25 here today that you came across information that

April 16, 2018

Jon Worlton

28

1 way?

2 A. What I remember -- and I don't remember
3 a great deal. What I remember is that Mike told me
4 that there was some concerns. What my memory says
5 is that he was mostly concerned that he had gotten
6 involved in some drugs or homemade alcohol on the
7 block or something and he asked me to take a look at
8 him.

9 Q. Okay. Did he say anything to you to
10 indicate why he thought that he may have got into
11 some homemade alcohol or some drugs in the block?

12 A. Not that I remember.

13 Q. Do you remember Mike telling you
14 anything specific about his symptoms?

15 A. I really don't other than he seemed to
16 be confused and was just a little different than
17 what he usually was.

18 Q. Are you aware of whether he showed any
19 signs of increased heart rate?

20 A. I'm not aware.

21 Q. How about any signs of increased or
22 decreased blood pressure?

23 A. I don't know. I didn't look at that
24 part of the chart.

25 Q. Are you aware of whether he was having

April 16, 2018

Jon Worlton

43

1 staff decision.

2 Q. Okay. Did the jail have a written
3 policies or procedures manual for the medical staff?

4 A. Yes.

5 Q. What's the title of that?

6 A. I would have to look. Health services
7 or something of that nature.

8 Q. Health services?

9 A. Health services, something like that.

10 Q. Policies and procedures, something like
11 that?

12 A. Something like that.

13 Q. We'd like to request that. I just want
14 to make sure I know how to identify it.

15 A. I can find it. I couldn't tell you the
16 specific title and where.

17 Q. Is it just one book or are there more
18 than one, depending on the circumstances?

19 A. It's a section of the policies, all
20 electronic at this point.

21 Q. Do you know if it's posted publicly?

22 A. I don't. I would suspect that it's not.

23 Q. Is it specific enough that if you're a
24 nursing staff you can look at it and say, okay, if
25 we're going to put somebody into the detox cell,

April 16, 2018

Jon Worlton

44

1 here's the procedure we follow?

2 A. No.

3 Q. Would it contain a policy or procedure
4 as to determining the likelihood that someone has,
5 an inmate has received some type of alcohol or drug
6 substance while they're in the jail?

7 A. I'm not sure what the question is.

8 Q. I'm going to go back and give an
9 explanation because I'm having a hard time framing
10 this question. Mr. Crowson was in lockdown from
11 June 17th to June 25th and then he was transferred
12 to the detox cell. Sometime in that period it
13 sounds like Mike Johnson or somebody made a decision
14 to put him in detox.

15 A. Uh-huh.

16 Q. So I'm wondering if the policies and
17 procedures manual provides guidance to somebody in
18 Mike Johnson's position to say if you're going to
19 put somebody in detox, find out what kind of
20 substance they were on or get a history from them of
21 what they've received or where they've been,
22 anything like that.

23 A. I don't believe there would have been
24 specific instructions or anything like that,
25 checklist or something like that, no.

April 16, 2018

Jon Worlton

45

1 Q. If Mike Johnson had had access to the
2 inmate's records so that he would have known where
3 in the jail Mr. Crowson had been, could he look at
4 those Stillman records?

5 A. Yes.

6 Q. Do you have access to the Stillman
7 records?

8 A. Uh-huh.

9 Q. Is there a policy and procedure for how
10 often the nursing staff should check on somebody who
11 is in the detox cell?

12 A. I'm not sure if it's a written policy.
13 There's a practice that they should be checked on at
14 a minimum once per shift.

15 Q. Once every eight hours?

16 A. Twelve.

17 Q. Twelve hours?

18 A. Uh-huh.

19 Q. So two times per day at a minimum?

20 A. Correct.

21 Q. For example, Josh Billings was on the
22 night shift. Was he to wake the person and check on
23 them or just physically observe them?

24 A. Physically observe them. Usually that
25 should have been done at the beginning of a shift so

April 16, 2018

Jon Worlton

47

1 A. Uh-huh.

2 Q. Do you know why that fell through the
3 cracks?

4 A. I don't know --

5 MR. MYLAR: Objection. Assumes facts
6 not in evidence in this deposition.

7 MR. SCHRIEVER: Let me ask it a
8 different way.

9 Q. Do you know why you didn't see him?

10 A. I don't remember. I can tell you what I
11 think but I don't remember for sure.

12 Q. Well, with the caveat that you don't
13 remember, tell me what you think.

14 MR. MYLAR: Objection. Speculation.
15 Lack of foundation. Go ahead.

16 A. At any given time I have probably more
17 people that I can see during a given day than I can
18 get to. My understanding, at least what I recall is
19 that Mike was believing there was some detox or that
20 he got into some drugs or those kind of things.
21 From a mental health standpoint there's not a lot
22 that I can do for somebody in that condition until
23 they sober up or until they clear from whatever
24 drug-induced problem they're experiencing, so I
25 would have prioritized that differently.